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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/251,305 09/20/2002  
 which claims benefit of 60/324,229 09/21/2001 *yw P.6*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Howanice</i> Examiner's Signature Initials	STATE OR COUNTRY VA	SHEETS DRAWING 3	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 7
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 34611  
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TITLE  
 System and method for biometrically-initiated refund transactions

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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